2010 Calendar Year



FEB 3 2012

Maine Ethics Commission

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
Mail: 135 State House Station, Augusta, Maine 04333
Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics Phone: 207-287-4179 Fax: 207-287-6775

AMENDED

## EXECUTIVE EMPLOYEES 2010 STATEMENT OF SOURCES OF INCOME (5 M.R.S.A. § 19)

Covering the calendar year January 1, 2010 through December 31, 2010.

North Miami Beach, FL 33181

Please file this statement with the <u>Maine Ethics Commission no later than 5:00 p.m. on April 15, 2011</u>. Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations. *Please keep a copy of this form for your records.* 

| NAME AND CONTACT INFORMATION  |   |  |  |  |  |  |
|---|---|--|--|--|--|--|
| Name Bruce L. Poliquin  | Title St  | Title State Treasurer  |  |  |  |  |
| Department/Agency/Bureau/Division   | Work Ph   | Work Phone   |  |  |  |  |
| Office of the State Treasurer   | (207) 624   | -7477  |  |  |  |  |
| Malling Address, City, ZIP<br>Cross Building, 111 Sewall Street, 3rd  | Floor, 39 State House Station,  | Augusta, ME 04333-0039   |  |  |  |  |
| PART 1. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER   |   |  |  |  |  |  |
| List the name and address of each employer from whom you received compensation of \$1,000 or more. Specify the principal type of economic activity of each employer.  |   |  |  |  |  |  |
| X None  |   | ingle-complement (Material Comments of the September 1997) of the Comment Comment of the Comments of the Comme |  |  |  |  |
| CL C PARTIE STATE   | Address   | Principal Type of Economic Activity of Employer  |  |  |  |  |
|   |   | AW DDA CTIOF   |  |  |  |  |
| PART 2. INCOME DERIVED I  | FROM SELF-EMPLOYMENT OR L   | AW PRACTICE  |  |  |  |  |
| A. List the name and address of your business or law firm, if any, and list the major areas of economic activity or practice from which you derived income. If associated with a partnership, firm, professional association, or similar business entity, list the major areas of economic activity or practice of that entity. |   |  |  |  |  |  |
| None  | و به فالمستبقة الدولية منها بستنيسته و بنا من الدول بالتطبيع بالدولة في المتواقع بالدول من مناسب المتواقع بي بنائ ميلون | Major Areas of Economic Activity/  |  |  |  |  |
| Name and Address of Business Entity or Law Firm   | Major Areas of Economic Activity Practice (self)  | y/ Practice (partnership, association, firm or similar business enity)   |  |  |  |  |
| Name: Zweig-Dimenna Partners, L.P. Address: 900 Third Avenue, New York, NY 1002   | 22  | Investment Management  |  |  |  |  |
| Name: C.K. Capital, L.P.  Address: 13899 Biscayne Blvd., Suite PH-12,   |   | Investment Management  |  |  |  |  |

| PART 2 (continued). INCOME DERIVED FROM SELF-EM  | PLOYMENT   |
|--|--|
| B. List each source of income derived from self-employment or practice that represents more whichever is greater, and specify the principal type of economic activity of the entity or person from of disclosure is prohibited by law, rule, or an established code of professional ethics, s activity of the entity or person from whom the income was derived.   | 'om whom you derived such income. If this I  |
| Name and Address of Source   | Principal Type of Economic<br>Activity of Entity or Person Who is<br>the Source of the Income  |
| Name:  |  |
| Address:   |  |
| Name:  | A COMMISSION OF A SECURITION O |
| Address:   |  |
| PART 3. OTHER SOURCES OF INCOME  |  |
| List each source of income of \$1,000 or more not listed in Parts 1 or 2 of this form. Do not include  | de gifts or honoraria. If none, check the  |
| box.   | and the second of the second o |
| None   | Kind of Income   |
| Name and Address of Source   | (investments, leases, etc.)  |
| Name: Vanguard Funds   | Investments  |
| Address: Malvern, PA   | the first the second of the se |
| Name: Popham Beach Club<br>Address: 823 Popham Road, Phippsburg, ME 04562  | Membership dues  |
| Name: Address:   |  |
| PART 4. REPORTABLE LIABILITIES   |  |
| List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you received durareas of economic activity of each creditor. Do not list credit card liabilities, or educational to made as campaign contributions, or business loans from regulated financial institutions. If none  |  |
| X None   | Principal Type of Economic   |
| Name and Address of Creditor   | Activity of Creditor   |
| Name:  |  |
| Address:   | · · · · · · · · · · · · · · · · · · ·  |
| Name:  |  |
| Address:   |  |
| PART 5. REPORTABLE GIFTS   |  |
| List the specific source of gifts received during the reporting period with an aggregate value of n  | nore than \$300. If none, check the box.   |
| Property of the Control of the Contr | المراج فالمراج والاستحاق الراب والمحالية ليعاريه المجهودين الإنصار الراجية ويتجاهرين   |
| Name of Source of Gift   | lame of Source of Gift   |
| Name of Source of Girt   | esta en esta de de comita de comita de la comi  |
| 4.   | D. 表演演者 of America, American Security (1985) 1995 (19  |

| PART 6.  | REPORTABLE HONORARIA   |  |
|--|--|--|
| List the source of any honoraria accepted for appearance   |  | acity or duties. If none, check the box.   |
| X None   | engang ing makampalanggi palipangan pilandah ngan 1992 ang 1992 ng 1992 ng 1992 ng 1992 ang 1992 ang 1992 ng m   | annum ta di di didicio di Paris de programmi di manggia didicio del dispundo coloni di di Santo di Colonia di  |
| Name of Source of Honoraria  | ne. Colombia i disense a primera primera e succesa e una despera per estample de de méticos de la materia de l<br>Name o<br>Esta por el colomposity proprio de la servicio a bunda de la de la factiva de la colombia del la colombia de la colombia  | of Source of Honoraria   |
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| 2.   | 4.   |  |
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|  | ENTATION BEFORE STATE AGEN   |  |
| ist each executive branch agency before which you compensation of any amount other than your official salone, check the box.   | or a member of your immediate fan<br>lary. Indicate whether you or a family n  | nily represented or assisted others for<br>nember appeared before the agency. If   |
| X None   | and a Minist Laupton' plu. He h'1986e i n'n nap diddir Helphydd geneda han b hyllydd Llyger far hyb gasby helphydd mae'r   | المعاملية المعاملية والمراكبة والمعاملية والمراكبة والمعاملية المراكبة والمعاملية المعاملية المعاملية والمعاملية   |
| Name of Agency   | Andrew with the control of the contr | lame of Agency   |
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| n angereau un en esperante de marce parece e resouve de l'emina de les actives de la color de appealagé monte producti<br>Z  | 4.   | iga mangagang digang ng gang ang ang ang ang ang ang ang   |
|  | ISINESS WITH STATE AGENCIES  |  |
| List each executive branch agency to which you or a m<br>\$1,000 during the reporting period. Indicate whether you   | ember of your immediate family sold goo<br>or a family member sold the goods or se   | ods or services with a value in excess o rvices. If none, check the box.   |
| X None   | معالمة والمواصوفية الموارد والوارد والموارد والمعارد والمارد والمراز والمراز والمراز والمرازية والمرازية والمرازع والمرا | Inches of Agonat   |
| Name of Agency   | بالمحالة والمحافظة والمحال والمحافظة فالمطاولة والمحالة والمحالة والمحافظة و | Name of Agency   |
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| 2.   | 4.   | No. of the Control of |
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|  | EIVED BY MEMBERS OF IMMEDIAT   |  |
| List the type of economic activity representing each sou<br>dependent child(ren) during the reporting period and the<br>or more of income, list his or her name and job title. List<br>Do not include gifts.   | st only the job title of dependent children  | id by your spouse or domestic parties couse or domestic partner received \$1,00 who received income of \$1,000 or more   |
| Name of Spouse or Domestic Partner and Job Title   | Type of Economic Activity<br>Representing Source of Income<br>Received   | e Kind of Income   |
| and the second of the second o | 1.   | 1.   |
| Name:  | 2.   | 2.   |
| Job Title;   | 3.   | 3.   |
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| Les Tales O Lude and I les   |  |  |
| Job Title:   | and the state of t | kadi iliyayaya a sa waka ili a a a sa kada waxa a a a a a a a a a a a a a a a a a  |
| Job Title:   | 10 100 200 100 100 100 100 100 100 100 1   |  |

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| PART 10. OFFICER OR DIRECTOR POSITIONS   |  |                                       |  |                                   |                            |  |  |  |
|--|--|---------------------------------------|--|-----------------------------------|----------------------------|--|--|--|
| held any office.   | t or nonprofit corporation, firm, association, pa<br>trusteeship, directorship, or position of any na<br>asated. If a family member listed, indicate you | ture. Indicate whether y              | ou or a family hel                               | d the pos                         | ution and wi               | diate family<br>hether the posi-   |  |  |
| None   |  |                                       |  |                                   |                            |  |  |  |
|  | Organization/Business<br>and Address   | Title                                 | Position Held<br>By:                             |                                   | Member's<br>Name           | Compen-<br>sated?  |  |  |
| 1. Dirigo Ho<br>P.O. Box I<br>Yarmouth,  |  | Member and<br>Registered Agent        | Self   |                                   |                            | No; real estate investment   |  |  |
| Associa  | ess Street, Suite 801  | President                             | Self   |                                   |                            | No   |  |  |
| 900 Third  | nenna Partners, L.P.<br>Avenue<br>, NY 10022   | Limited Partner                       | Self   |                                   |                            | No;<br>investment  |  |  |
|  |  | SIGNATURE                             | ,  |                                   |                            |  |  |  |
| amirm that the   | lsification is a Class D c   | is a Class D crime.                   |  |                                   |                            |  |  |  |
|  | ADDIT  | ONAL INFORMATIO                       | N  |                                   |                            |  |  |  |
| Please provide any additional information below (and on additional sheets if needed). Indicate the part or section number for the information you are providing. Use additional pages, if necessary. |  |                                       |  |                                   |                            |  |  |  |
| Part/Section<br>Number   |  | · · · · · · · · · · · · · · · · · · · | waa ya waa aa ka k | محات الشار في المسائد في أن في ال | na wasan a sama waka wa na | e de la company de la comp |  |  |
| Part 2.A.  | Marshall Mall Associates<br>230 South Broad Street Mezzanin<br>Philadelphia, PA 19102  |                                       | Real Estate Investment                           |                                   |                            |  |  |  |
| Part 10  | 4. C.K. Capital, L.P.<br>13899 Biscayne Blvd., Suite P<br>North Miami Beach, FL 3318   | H-12                                  | partner  | Self                              | No; inv                    | estment  |  |  |
|  | 5. Marshall Mall Associates<br>230 South Broad Street Mezza<br>Philadelphia, PA 19102  |                                       | partner  | Self                              | No; inv                    | estment  |  |  |